

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>238</u>	2. Fiscal Year Covered From: <u>10</u> / <u>01</u> / <u>03</u> Through: <u>09</u> / <u>30</u> / <u>04</u>
3. Name and address of person filing. Name <u>BARRY F LIPTON</u> P.O. Box, Bldg., Room No., if any <u>SUITE 708</u> Street <u>1501 BROADWAY</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10036-5597</u>	4. Name, file number, and address of labor organization. Name <u>NEWSPAPER GUILD OF NEW YORK</u> Labor Organization File Number <u>003-705</u> P.O. Box, Building and Room Number, if any <u>SUITE 708</u> Street <u>1501 BROADWAY</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10036-5597</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>[REDACTED]</u> Trade Name, if any: <u>[REDACTED]</u> P.O. Box, Bldg., Room No., if any <u>[REDACTED]</u> Street <u>[REDACTED]</u> City <u>[REDACTED]</u> State <u>[REDACTED]</u> ZIP Code + 4 <u>[REDACTED]</u>	7.a. Nature of Interest, Transaction, or Income. <u>[REDACTED]</u> 7.b. Amount. <u>[REDACTED]</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

6/24/05  
Date

212-730-1546  
Telephone Number

Name of Person Filing

BARRY F. LIPTON

File Number U-

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

See Additional Page  
Attached

8. Name and address of Business (including trade name, if any).

Name OLDWATER + BERNSTEIN, LLPTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 52 DUANE STREETCity New YorkState New York ZIP Code + 4 10007

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 4111

11.a. Nature of such dealing.

CO-COUNCIL; Pension And Benefit Funds

11.b. Approximate dollar value of such dealing.

\$50.00

12.a. Nature of interest held or income received.

TRIP ON FISHING BOAT, NO FOOD PROVIDED

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

BARRY F. LIPTON

Item # 8

AMALGAMATED LIFE Insurance Co.

730 BROADWAY,

New York, New York 10003-9511

#9. Business deals with:

✓ A. Labor Organization

#11.A.

UNDERWRITER OF MEMBERS  
TERM LIFE Insurance

#11.B.

\$75.00

#12A.

MEAL

#12B.

\$75.00

# Newspaper Guild of New York

1501 EROADWAY, SUITE 708  
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Fax: (212) 730-1531

August 11, 2005

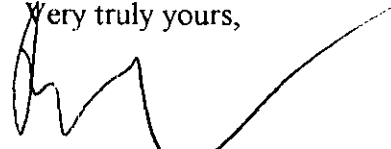
U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, N.W. Rm-N5616  
Washington, D.C. 20210

To whom it may concern:

Enclosed you will find a corrected filing of LM30 which I originally filed on June 24<sup>th</sup> 2005.

I have become aware that the information contained on the original filing was incomplete therefore I am submitting the corrected filing.

Very truly yours,



Barry F. Lipton  
President

BFP/amd  
Enclosures